

Meeting of NHSL Board  
29<sup>th</sup> January 2019

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**SUBJECT: South Lanarkshire H&SCP Performance/Access Report**

**1) PURPOSE**

This paper is coming to NHSL Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	X
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**2) ROUTE TO THE BOARD**

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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Prepared following discussion and agreement with South Lanarkshire H&SCP and the IJB Performance and Audit Committee.

**3) SUMMARY OF KEY ISSUES**

The purpose of this paper is to update Lanarkshire Health Board on performance against:

- A summary of current performance against the six key areas identified by the Ministerial Steering Group (MSG)
- The challenges which the HSCP is managing regarding this agenda.
- The Resources within HSCPs prioritised to address the challenges.
- AHP waiting times targets.

**MSG Context**

The Health and Social Care Delivery Plan and the work of the Ministerial Steering Group (MSG) in Health and Social Care have identified six key areas through which trends over time will be monitored, with a view to supporting improvement and learning within partnerships and across Scotland.

A key emphasis behind this work is realising the national ambition to shift the balance of care through strategic commissioning which shifts the focus from acute and residential settings to community based alternatives. This attached Appendix gives a short overview of the South Lanarkshire position with regards to the following areas:

- ◆ unplanned admissions
- ◆ occupied bed days for unscheduled care
- ◆ A&E performance
- ◆ delayed discharges
- ◆ end of life care
- ◆ the balance of spend across institutional and community services

This report includes an update against each of the 6 x MSG indicators as shown in Appendix 1.

As highlighted at the previous meeting of PPRC, there is a lag period associated with some of these indicators due to coding and subsequent processing via ISD. On that basis, the reports in this report show the nationally released data as well as unscheduled care bed days and admissions up to June 2019. There is a 99% confidence rate re data completeness for this time period.

Performance in relation to delayed discharge bed days and A&E Attendances has deteriorated April – October 2019/20.

There is year on year improvement in relation to geriatric long stay, mental health and all unscheduled bed days. Emergency admissions are showing improvement however this is likely to change as episodes of care are completed. As described above, both these charts have been duplicated to reflect 6 month lag period.

The percentage of the last 6 months of life spend outwith a hospital setting is also improving.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	X
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

##### **Three Quality Ambitions:**

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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##### **Six Quality Outcomes:**

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

#### 6. MEASURES FOR IMPROVEMENT

Monitoring of performance against the plans in place will provide valuable information to inform future planning cycles.

**7. FINANCIAL IMPLICATIONS**

Nil

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

Risks are captured in Partnerships risks registers

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

Yes.

No **11. CONSULTATION AND ENGAGEMENT**

A range of partners have been involved in the development of the MSG indicators.

**12. ACTIONS FOR BOARD**

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

**13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact

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## Appendix 1

### South Lanarkshire HCSP Health and Social Care Delivery Plan Measures

1. Summary of the MSG indicators in South Lanarkshire for currently available data:
2. Year on Year comparison

#### April – October:

- ◆ A&E attendances **up** by **4.3%** against 2018/19
- ◆ emergency admissions **down** by **3.0%** against 2018/19\*
- ◆ unscheduled bed days (Acute) **down** by **6.2%** against 2017/18\*
- ◆ Unscheduled Care (UC) Bed days Acute/Geriatric Long Stay (GLS)/Mental Health (MH) **down** by **14.8%** against 2018/19\*

\*(It should be noted that emergency admissions and unscheduled care bed days will increase as episodes of care are completed.)

#### November 2019/20

- ◆ delayed discharge non-code nine bed days **up** by **14%** April – November against **2018/19**

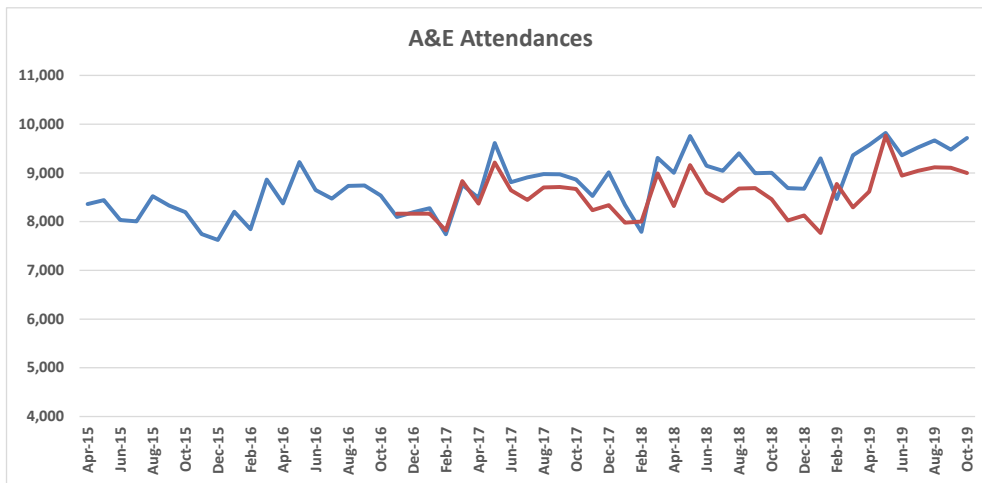
#### April – June

NHSL data completeness for June 2019 is currently 99%, in following months this reduces. The following table shows a comparison of emergency admissions and UC bed days up to June 2019, compared to the previous year.

	2018/19	2019/20	Increase/Decrease on 2018/19	% Change
Emergency Admissions *	10,007	10,128	121	1.2%
UC Bed days - Acute*	57,989	54,728	-3,261	-5.6%
UC Bed days - Acute/GLS/MH*	78,686	73,648	-5,038	-6.4%

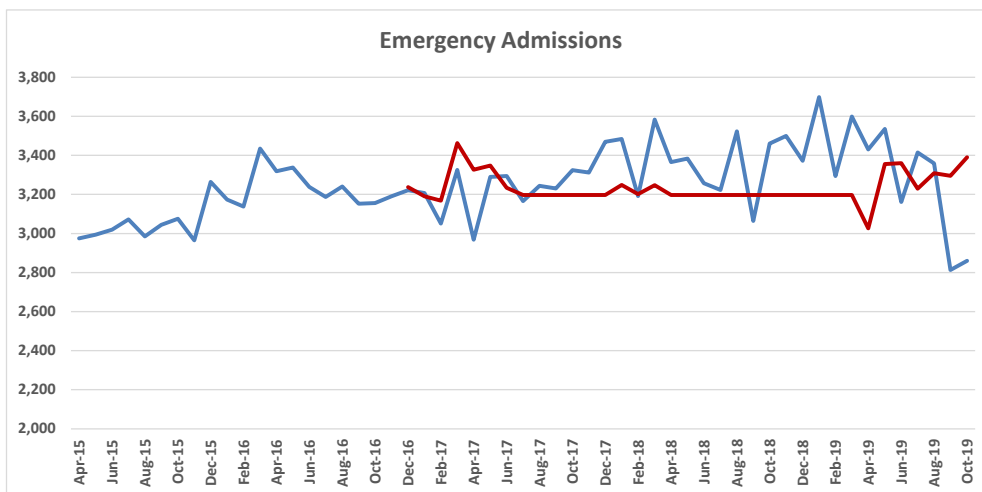
#### 1.1 A&E Attendances

The following graphs show the performance against trajectory. This trajectory has been calculated assuming that A&E attendances will increase by 1.5% on 2017/18 levels. Attendances continue to be a challenge for the Partnership, April - October 2019 there were 3,556 additional attendances than anticipated representing 5.5% above 2017/18 level, 67,140 against a target of 63,584.

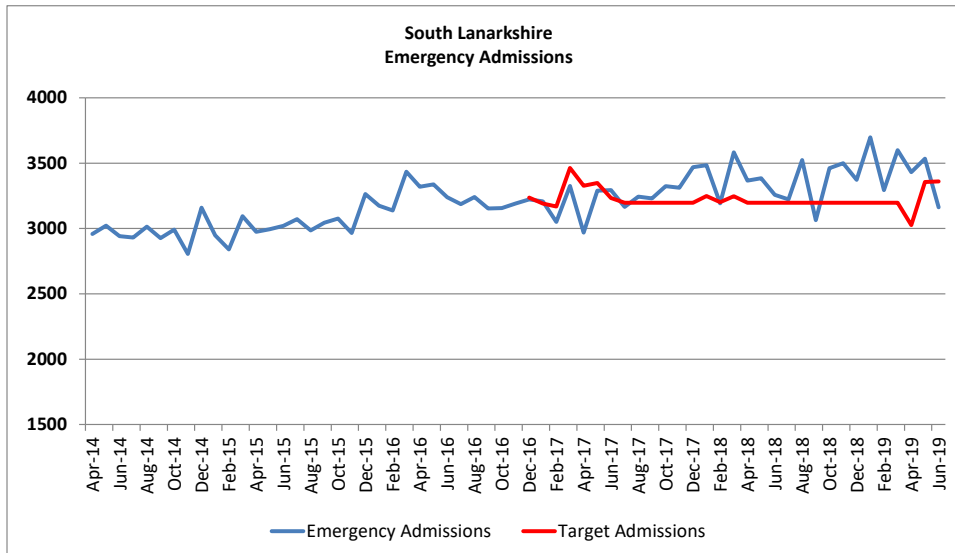


## 1.2 Emergency Admissions

The graph below shows emergency admissions against the agreed trajectory. Performance was within target for April to October 2019 with 391 fewer admissions than anticipated – 22,575, against a target of 22,966. Admissions **will** increase as episodes of care are completed.



NHSL data completeness for June 2019 is currently 99%, in following months this reduces. The following graph shows emergency admissions up to June 2019 against trajectory. With 386 more admissions than anticipated April – June, 10,129, against a target of 9,742.

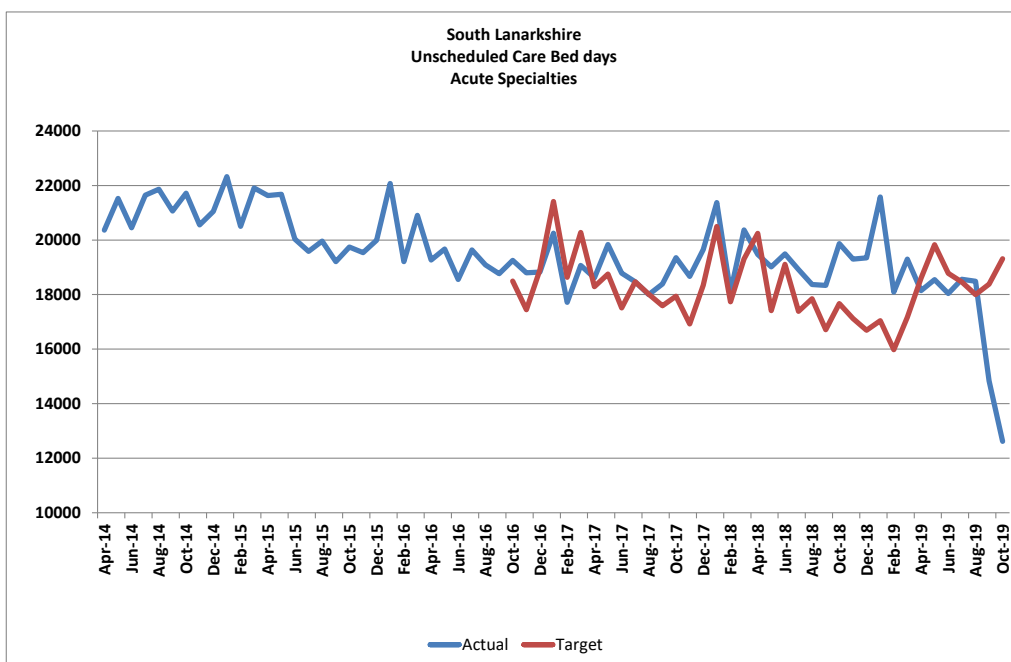


### 1.3 Unscheduled Bed Days

Unscheduled Care Bed Day trajectories for 2019/20 now include Acute, Geriatric Long Stay (GLS) and Mental Health (MH). For consistency the graph below tracks the month-on-month actual performance longitudinally against the trajectory agreed for unscheduled bed days – Acute specialities. With the second graph showing UC Bed days for Acute, GLS and MH. It should be noted that there is routinely a few months lag in terms of completed episodes of care and bed days for April to August **will** increase.

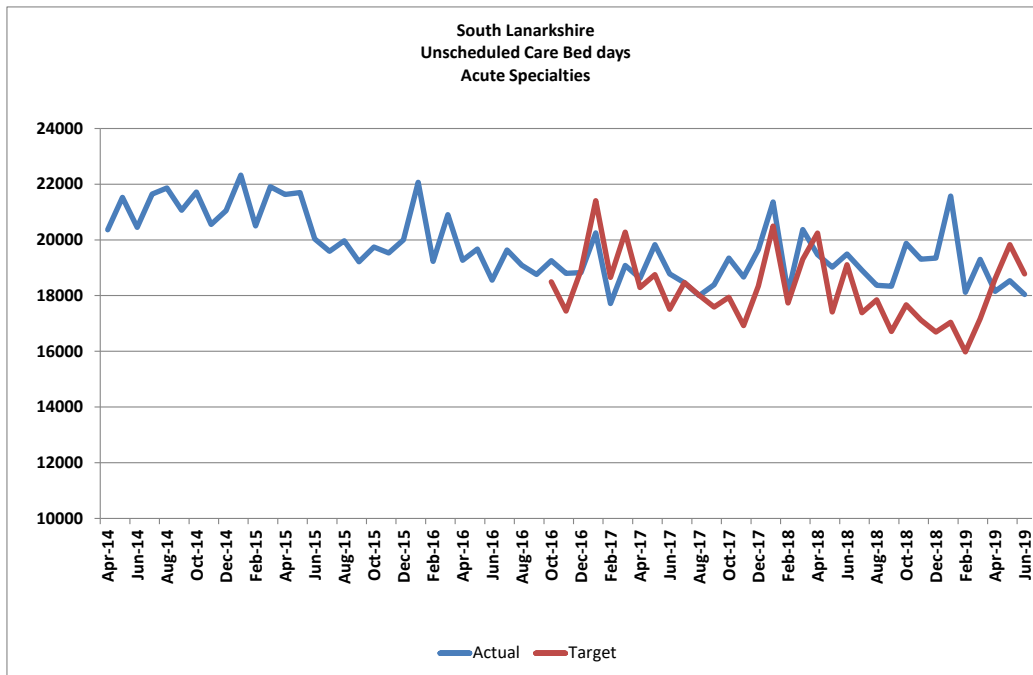
#### Unscheduled Bed Days – Acute.

April to October 2019 were 12,125 fewer bed days than anticipated, 119,246 against the target of 131,371. This **will** increase over the next quarter.



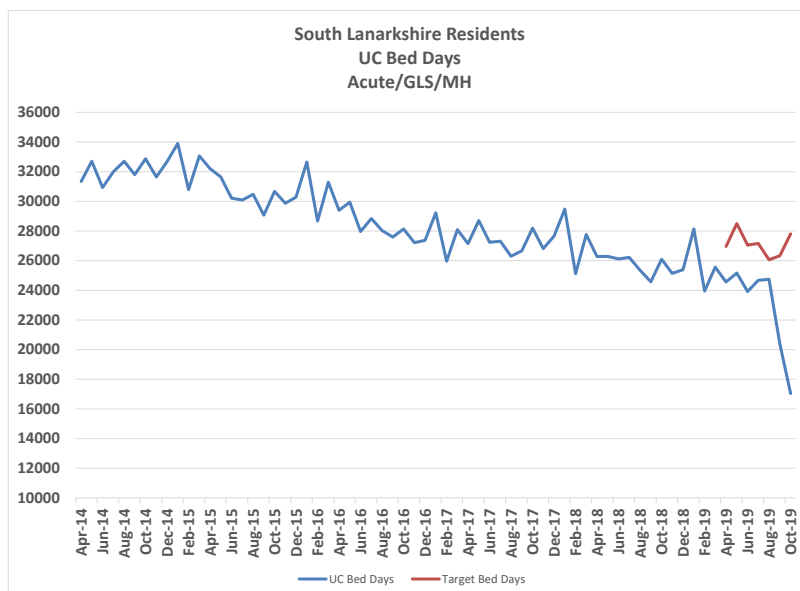
Lower is better

NHSL data completeness for June 2019 is currently 99% for Acute, following months this reduces. The following graph shows UC Bed Days – Acute, up to June 2019 against trajectory. With 2,483 **fewer** bed days than anticipated April – June, 54,728, against a target of 57,211.



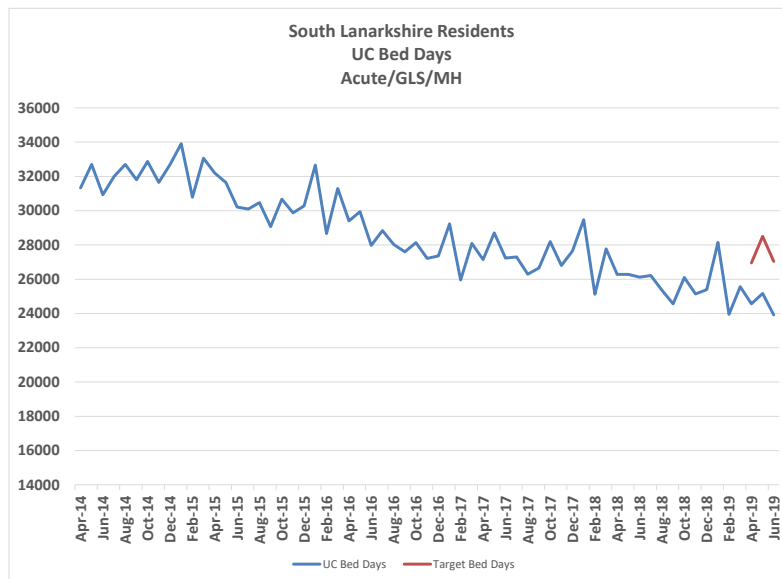
UC Bed Days – Acute, GLS, MH.

April 2019 to October 2019 were 29,354 **fewer** bed days than anticipated, 160,504 against the target of 189,858. This **will** increase over the next quarter.



Lower is better

NHSL data completeness for June 2019 is currently 99% for Acute, 100% for GLS and 98% for mental health in following months this reduces. The following graph shows UC Bed Days – Acute, GLS, MH up to June 2019 against trajectory. With 8,854 fewer bed days than anticipated April – June, 73,648, against a target of 82,502.

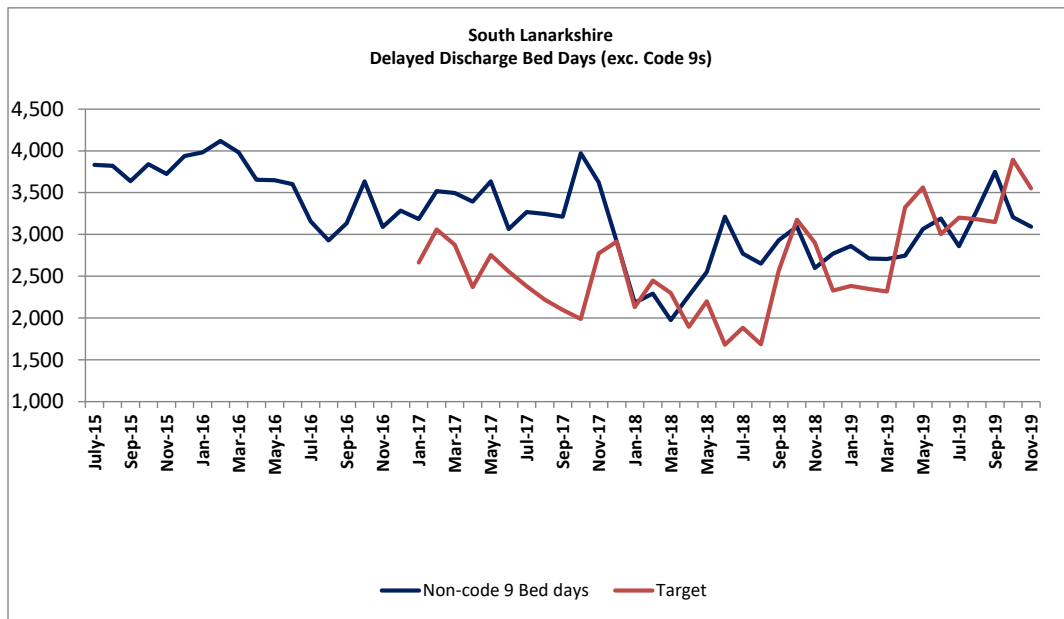


### 1.4 Delayed Discharge Bed Days

For the period April – November 2019 performance continues to be within anticipated trajectory with 1,673 fewer bed days 25,195 against the target of 26,868.

The graph below includes patients in offsite beds and takes into account progress in embedding improvements outlined in the delayed discharge improvement plan.

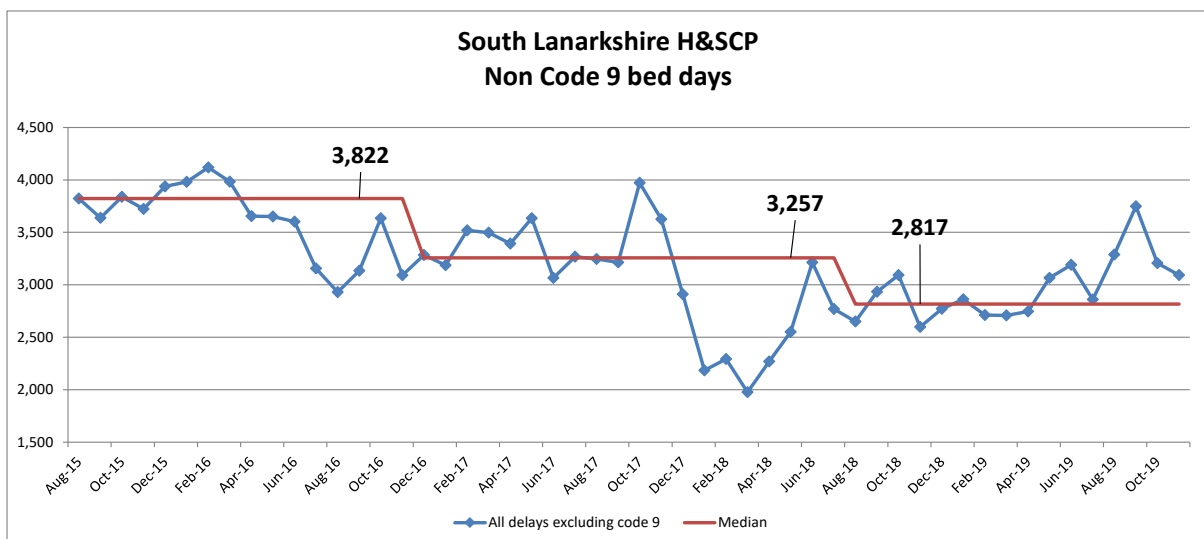




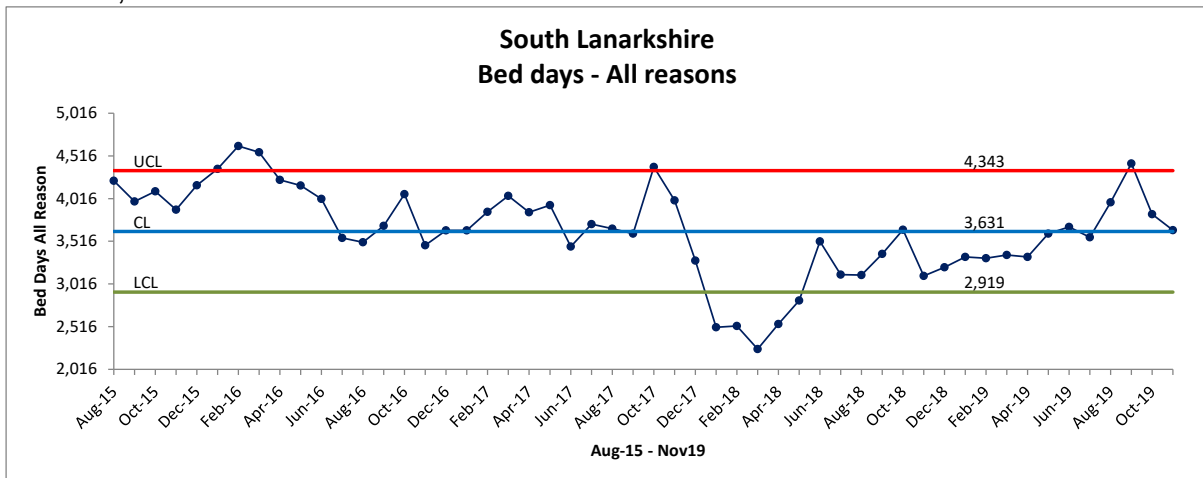
Details on monthly performance against targets are shown in the following table

DD Non code 9	Target	Performance	Performance against target
April	3,324	2746	-578
May	3,562	3066	-496
June	3,004	3190	<b>186</b>
July	3,203	2859	-344
August	3,181	3288	<b>107</b>
Sept	3,149	3748	<b>599</b>
October	3,893	3206	-687
Nov	3,553	3092	-461

The following graphs shows the reduction in median bed days for non-code 9 reasons over the previous years.



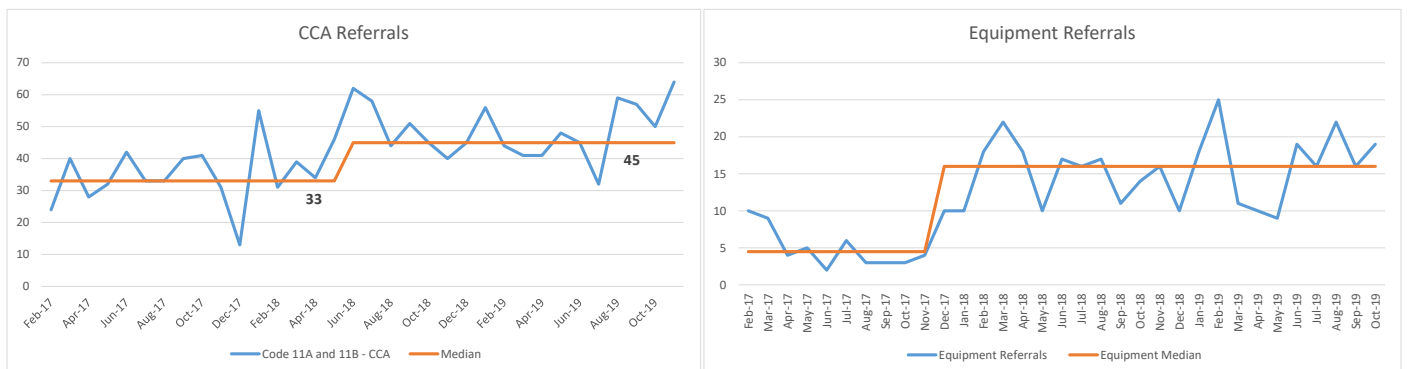
ISD published data shows that bed days during November 2019 for **all** delay reasons increased by 534 when compared to November 2018, comprising an increase of 494 non code 9 bed days, with an increase of 40 Code 9 bed days. September bed days for all reasons were higher than the expected upper limit showing exceptional variation, this has returned to routine variation.



Referrals (using reason at clinical readiness date)

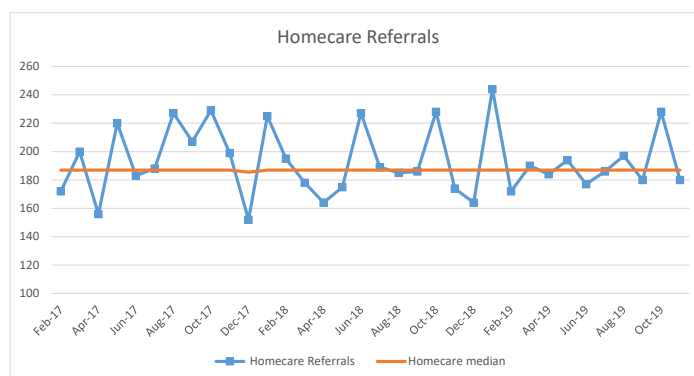
November 2019 census return identified an increase of 27 referrals from acute services compared with November 2018, including an increase of 24 Community Care Assessment (CCA) referrals. CCAs have to be completed within 14 days to avoid accruing longer bed days.

Graphs below highlight the increase in both CCA and equipment referral types from December 2018 onwards. Of note are CCA referrals which accrue larger bed days, as the assessment process takes several days to complete. Decisions are then made regarding the type and level of support required, following this the support is then sourced and put in place.



Source: Validated census submission.  
Clinical Readiness Date as date of referral by episode of care/ Reason at census date/ Excludes non NHSL hospitals

The following graph shows homecare referrals remaining stable over the time period



There is a weekly meeting at Hairmyres which focuses on code 9 delays. In addition the Unscheduled Care action plan includes a work stream around mental health beds.

There is a referral monitoring process which seeks to ensure demand is maintained at an appropriate level.

### Performance Commentary

There are significant pieces of work being undertaken in the undernoted areas – all of which are aimed at continuing to assist in reducing admissions and increasing flow through the hospital setting. There is now a whole system (acute and community) unscheduled care plan which is focussing on the following themes:

These include

- Palliative Care ( end of life)
- Front Door ( Redirection / Rerouting)
- Back Door ( Reduce Delayed Discharge / Discharge to assess)
- Intermediate Care/ Community Hospitals
- Review of home care services
- Review of intermediate care across inpatient, residential, day care and community facilities.
- Continuing to audit the CCA pathway

In addition to the work detailed above some specific actions have been taken in the last few months to create further capacity.

These include:

#### a) Additional Intermediate Bed Capacity

- Four additional beds purchased, at a cost of £70k, in Kingsgate nursing home to support completion of CCA process outwith a hospital site.
- 21 Intermediate Care/ Respite Beds
- Reduced length of stay through the intermediate care beds
- Redirection across all hospital sites maximising AHP and Social Work presence at front door
- Increase in Discharge to Assess capacity through enhanced care at home capacity and AHP pathways
- Modernising care at home by providing rapid response and enablement.

### **1.5 Last Six Months of Life by Setting**

Percentage of people who spend their last six months in a community setting has steadily increased over the previous three years. As the range of services in the community setting increases, it is expected that the numbers of people who spend the last six months in the community will similarly increase.

The table below confirms the Partnership is increasing the proportion of South Lanarkshire residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 12.3% during 2017/18, slightly above the target of 12.2%. Fewer people spend their last six months in either hospitals or hospice/palliative care units.

	2013/2014	2014/2015	2015/2016	2016/2017p	2017/2018	2018/2019
<b>Community</b>	84.2%	84.4%	84.9%	86.9%	87.1%	87.0%
<b>Community Target</b>	84.2%	84.4%	84.9%	87.0%	86.6%	
<b>Large Hospital</b>	14.0%	14.3%	13.9%	12.3%	12.3%	11.7%
<b>Large Hospital Target</b>	14.0%	14.3%	13.9%	12.2%	12.2%	

A workshop was held in October 2019 to map the pathway for Palliative End of Life patients and agree on areas of improvement. 74% of 'end of life' patients attend A&E at least once and this cohort of patients attributes 22% of bed days. Community teams will now be proactively care managing this group of patients through daily huddles in order to prevent admission.

There is planning underway with Marie Curie increase their care at home model.

### 1.6 Balance of Care

The percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2015/16. South Lanarkshire is at the average level when measuring against their peer group. Given the increase in the 75+ age group, the 2015/16 percentage remains the target through to 2018/19.

	2013/2014	2014/2015	2015/2016	2016/2017p	2017/2018	2018/2019
<b>Home (unsupported)</b>	81.4%	82.2%	82.1%	82.5%	82.9%	
<b>Home (unsupported) Target</b>	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%
<b>Home Supported</b>	9.6%	9.0%	9.0%	9.0%	8.9%	
<b>Home Support Target</b>	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%

Balance of care improvement figures, shown above, were based on the over 75 population, generally those with the more complex needs. Currently the percentage of people over 75 who remain at home without support is above target by slightly below 1%.

### 3. PERFORMANCE AGAINST NATIONAL AND LOCAL AHP, SERVICES WAITING TIMES TARGETS/STANDARDS

The waiting times data contained in this report is provided by information services and is unvalidated/unpublished. This report is for the performance period from the 1<sup>st</sup> to 30<sup>th</sup> November 2019.

## 2.1 ALLIED HEALTH PROFESSIONS

Senior staff members in each of the individual AHP services triage all patients attending. (Triage is a method of determining the clinical priority of patient treatments based on the severity of their condition).

Patients with clinical conditions considered “urgent” or have “red flags” are seen within 24 to 48 hours of referral. Examples of these conditions would include, patients with Cauda Equina Syndrome, (a severe neurological condition causing loss of function of the lumbar plexus, within the spinal cord), or diabetic foot ulcers, etc.

## 2.2 AHP AND COMMUNITY SERVICES

The undernoted provides an overview of performance for AHP services hosted in SL H&SCP:

Service	Compliance	Target (Local/National)	Waiting >12 weeks
Physiotherapy R5zMSK	71.4%	National 12 week	1861
Occupational Therapy MSK activity	100.0%	Local 12 week	0
Children and Young People Occupational Therapy	100.0%	Local 12 week	0
Occupational Therapy	100.0%	Local 12 week	0
Occupational Therapy- Neurology	100.0%	Local 12 week	0
Occupational Therapy - Rheumatology	100.0%	Local 12 week	0
Community Claudication Service	100.0%	Local 12 week	0

Data for the AHP and Community Services who are the subject of a local or National waiting time target and who are not achieving performance targets November 2019, are displayed in table below: Where the target is outwith parameters, additional information can be found below.

AHP and Community Services	Waiting Times Target	November 2019 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target	Localities / site with the longest wait
Physiotherapy MSK	Local Target 12 Weeks	71.4 % (70.2%)	36 (35)	1861 (2137)	Airdrie/Hamilton/North (Bellshill)

Source: Information Services. Unvalidated  
Colour Code: Amber up to 5% off Target, Red more than 5% off Target  
Figures in parenthesis equate to last month's performance

## 2.3 MSK Physiotherapy Performance Commentary

Short term actions from the MSK Physiotherapy review, approved by the CMT, have been implemented including waiting list validation and data cleansing, this has resulted in some improvement.

The service anticipates reaching the 90% target by May 2020, this is dependent on demand staying the same and the service reducing the vacancy rate to less than 5%

(current vacancy rate is 7%). As recommendations from the review are fully implemented there should be a further impact on future demand/capacity and waiting times.

**Performance Recovery Plan**

- MSK Improvement plan being actioned with frequent updates reported
- Hub staff and business manager working daily to bring forward appointments for patients with longest waits.
- Standard Operating Procedures (SOP) reviewed and updated to facilitate effective waiting list management.
- Two way texting commenced mid-September for new patients
- Waiting List validation undertaken end December 2019 for those waiting 12-18 weeks with further validation planned for mid-January. 2020 for sites with longest waits with assistance from Orthopaedics
- Additional funding for MSK sought from GMS and winter bids for voluntary additional hours and evening clinic Jan – March 2020.

